BEST, AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

| Effective October 1, 2001   |  |   |  |              |                               |                  |               |                   |                          |       |                            |                        |
|---|--|---|--|--------------|-------------------------------|------------------|---------------|-------------------|--------------------------|-------|----------------------------|------------------------|
|   |  | CLAIMS AS                                 | Column                                 |              |                               |                  | SMALI<br>TYPE | SMALL ENTITY TYPE |                          | OR    | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS  |  |   |  |              | -                             |                  | RAT           | E                 | FEE                      |       | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED                           |              | NUMBE                         | ER EXTRA         | BASIC         | FEE               | 370.00                   | OR    | BASIC FEE                  | 7999                   |
| TOTAL CHARGEABLE CLAIMS   |  |   | <b>19</b> minus 20= *                  |              |                               |                  | X\$ 9         | =                 |                          | OR    | ·X\$18=                    |                        |
| INDEPENDENT CLAIMS  |  |   | <i>A</i> minus 3 = *                   |              |                               |                  | X42           | X42=              |                          | OR    | X84=                       |                        |
| MU  | LTIPLE DEPENI  | DENT CLAIM PI                             | RESENT                                 |              | •                             |                  | +140          |                   | -                        | OR    | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |              |                               | TOTA             |               |                   | OR                       | TOTAL | 890                        |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |  |              |                               |                  |               |                   | NTITY                    | OR    | OTHER<br>SMALL             | THAN                   |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 4.5                                    | PREVI        | HEST<br>IBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA | RAT           | E                 | ADDI-<br>TIONAL<br>FEE   |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * /8                                      | Minus                                  | **2          | 0                             | =                | X\$ 9         | =                 |                          | OR    | X\$18=                     |                        |
|   | Independent  | * 2                                       | Minus                                  | *** (        | <u></u>                       | = /              | X42           | =                 |                          | OR    | X84=                       | /                      |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDE   |   |  | ENDEN        | CLAIM                         |                  | +140          | )=                |                          | OR    | +280=                      |                        |
|   |  |   |  |              |                               |                  |               | TAL<br>EE         |                          | OR    | TOTAL<br>ADDIT. FEE        |                        |
| _   | E 177.70.50  | (Column 1)                                | ************************************** |              | mn 2)                         | (Column 3)       |               |                   | 1                        |       |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA | RAT           | E                 | ADDI-<br>TIONAL<br>FEE , |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * 18                                      | Minus                                  | **           | 20                            | = /              | X\$ 9         | )=                |                          | OR    | X\$18=                     |                        |
|   | Independent  | * 2<br>NTATION OF M                       | Minus                                  | ***          | 3<br>TCLAIM                   | = /              | X42           | =                 |                          | OR    | X84=                       |                        |
| _   | T WIGHT NEGE   | TTATION OF M                              | OLIN EL DEI                            | LNDLIN       | TOLATIVI                      | Щ                | +140          | )=                | $\overline{}$            | OR    | +280=                      |                        |
|   |  |   |  |              |                               |                  |               | TAL<br>FEE        |                          | OR    | TOTAL<br>ADDIT. FEE        |                        |
| _   |  | (Column 1)                                |  |              | mn 2)                         | (Column 3)       |               |                   |                          |       |                            | ,                      |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | NUN<br>PREV  | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA | RAT           | E                 | ADDI-<br>TIONAL<br>FEE / |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * 18                                      | Minus                                  | **           | 2.0                           | =                | X\$ 9         | =                 |                          | OR    | X\$18=                     | 1                      |
|   | Independent  | * 2                                       | Minus                                  | ***          | J CLAIM                       | = /              | X42           | =                 |                          | OR    | X84=                       |                        |
| <b>L</b>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /   |   |  |              |                               |                  |               | =                 |                          | OR    | +280=                      | /                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Braileysty Reid For" IN THIS SPACE is less than 30 center "00". |  |   |  |              |                               |                  |               |                   |                          |       |                            |                        |
|   | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."  ADDIT. FEE |   |  |              |                               |                  |               |                   |                          |       |                            |                        |